2016 · 01 · 11 · 08 · 00037654

FEC FORM 3X

> Use Only

FE6AN026

REPORT OF RECEIPTS **AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED -FEC MAIL GENTER 2016 JAN 11 AM 7: 14

						Office Use	Only	·
1. NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If over the line		12FE4M	15]	
American	ASISIOIC	ilistiion	11017 7	ciivati	enlier	<u>adieiris</u>	PA	لـــا
CAPL-PAC)							
ADDRESS (number and st		•	Tilffam	d Bull	نامري	Piarik	<u>- wayı</u>	<u>_</u>
Check if differer than previously reported. (ACC)	nt	tie 12:00 15:95 (Ci			MO	6.4.15	<u></u>	
2. FEC IDENTIFICATI	ION NUMBER ▼	СІТ	Y <u> </u>		STATE A	ZI(P CODE	\
00054	7.3.9.8		S THIS REPORT	NEW (N) OR	9 1	AMENDED (A)		
4. TYPE OF REPOR	Rep	port L	20 (M2)	May 20 (M5)	hard 	ug 20 (M8)	(Non- Year	20 (M11) Election Only) 20 (M12)
(a) Quarterly Report	s:	느	20 (M3)	Jun 20 (M6)	}	ep 20 (M9)	(Non- Year	-Election Only)
April 15 Quarterly Re	eport (Q1) (c)	12-Day	20 (M4)	Jul 20 (M7)	- had	ct 20 (M10) al (12G)	<u> </u>	31 (YE) off (12R)
July 15 Quarterly Re		PRE-Election Report for the:	E-sell E-sell	ion (12C)		al (128)		J., (12.1)
October 15 Quarterly Re	eport (Q3)						. 46	-
January 31 Year-End Re	eport (YE)	Electio	n on			i .	the tate of	
July 31 Mid- Report (Non Year Only) (n-election (G)	30-Day POST-Election Report for the:	General	(30G)	Runoff	(30R)	Spec	cial (30S)
Termination (TER)	Report	Electio	n on	/ b b /	γ¥γγ	t t	the tate of	
5. Covering Period DOOD 2015 through 77 37 2015								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Signature of Treasurer Signature of Treasurer Date Date Diff Diff								
NOTE: Submission of false	e, erroneous, or inc	omplete information	n may subject the	person signing t	his Report to			
Office Use							FORM 3 12/2004	3X

20-6 0- -- -- OM: 000M7655

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	2 2 4 24	/ by 246)
American Association of	Private Lenders PAC	(APC-PHC)
Report Covering the Period: From:	TO 0 1 20 15 TO	: 1.21 3.7 2015
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2.0.1.5		0
(b) Cash on Hand at Beginning of Reporting Period	0	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0	
7. Total Disbursements (from Line 31)	0	0
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6	,
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	·
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

FE6AN026

2016:01:11:0N:000N7656

DETAILED SUMMARY PAGE

ı	FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
- v	Vrite or Type Committee Name		
1		of Private Landres	s PAC (APL-PAC)
R	deport Covering the Period: From:	0'07'2015	o: /2/3//2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	0	0
	() 110111200 (200 001100010 7) 11111111111		
	(ii) Unitemized		
	(iii) TOTAL (add		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees	0	
	(c) Other Political Committees		
	(such as PACs)(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)▶		
12.	Transfers From Affiliated/Other		
	Party Committees	7	
13.	All Loans Received		
	Loan Repayments Received	0	0
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0	0
16.	Refunds of Contributions Made	handradore 2 malandary 27 malandary 25 maland	Insulandant/sunlandant/sunlandant/sunlandant/sunl
	to Federal Candidates and Other		
17.	Political Committees Other Federal Receipts		0
	(Dividends, Interest, etc.)	0	0
18.	Transfers from Non-Federal and Levin Funds	s become the second of the sec	handamiliant? molamiliant? such miliant in all in a
	(a) Non-Federal Account (from Schedule H3)		V
	(non concede no)		
	(b) Levin Funds (from Schedule H5)	0	0
		property of the second	And the second s
	(c) Total Transfers (add 18(a) and 18(b))		
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1	La transmission in American de l'in-
		المحديث والمساسرة والاستانات	Land when the war of the same of the Control of
20.	Total Federal Receipts	program commercial social services	والمراج والمعارضة والمناو والماسية والمعارضة
	(subtract Line 18(c) from Line 19)▶	0	1

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

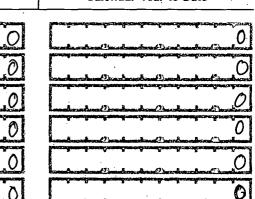
Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share		<u>,</u> 0
	(ii) Non-Federal Share	0	
	(b) Other Federal Operating Expenditures		
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		0
22.	Transfers to Affiliated/Other Party		
23	CommitteesContributions to	0	0
	Federal Candidates/Committees and Other Political Committees	0	
24.	Independent Expenditures		
25.	(use Schedule E)		0
	(use Schedule F)		<u> </u>
26.	Loan Repayments Made	0	0
27	Loans Made	^	
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees		0
	(b) Political Party Committees		0
	(such as PACs)		0
	(d) Total Contribution Refunds		handen handen de santan de san
	(add Lines 28(a), (b), and (c))▶	0	6
20	Other Disbursements		A
29.	Other Disbursements	Land Land Land Control Of	Land Market Col
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0	0
	(7 . 555/5 6/55/5	handred selection of the selection of th	
	(ii) "Levin" Share	0	
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	and the second s	distribution of the second
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	
31.	Total Disbursements (add Lines 21(c), 22,	Summeran dentities and the contract of the second same	والمراجد الأراجد المراجد المرا
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	O	الم المد المدال المدال
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	Laborate distant distant	The standard management of the set of
	from Line 31)	had a some or one was a first	his carries and Ol
			•

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 COLUMN A III. Net Contributions/Operating Ex-COLUMN B **Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶



5(SCHEDULE A (FEC FORM 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF		
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	(check only one) 11a		
	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left\langle \cdot \right\rangle$	NAME OF COMMITTEE (In Full) American Association	70	Private Lenders	PAC (APL-PAC)		
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt		
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	c .				
	Name of Employer O	ccupation		_		
	Receipt For: Primary General Other (specify) ▼	aggregate	Year-to-Date ▼			
R.	Full Name (Last, First, Middle Initial)			Date of Receipt		
	Mailing Address					
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C .		Amount of Each receipt this relica		
	Name of Employer O	ccupation				
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼			
	Full Name (Last, First, Middle Initial)	-		Date of Receipt		
.	Mailing Address			Mary / Dary / Carana		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	CL.	alemander skare, de ratione	and the state of t		
	Name of Employer O	ccupation				
		ே ் செற்று அன்று என	Year-to-Date ▼			
s	UBTOTAL of Receipts This Page (optional)			0		
T	OTAL This Period (last page this line number only)				

S	CHEDULE B	FOR LINE			NUMBER: PAGE OF			
ITEMIZED DISBURSEMENTS		Lice congrete cohedule(s)		(check only	eck only one)			
			Detailed Sum		21b 27	22 23 28a 28b	24 25 29 P	26 30b
Α.	i-fii	od from such Departs and States						
		ed from such Reports and Staten rposes, other than using the nan						
7	NAME OF COMM	ITTEE (in Full)		-				
\angle	America		J 3	r;vate	Le-der	s PAC	(APL-PUC)	
_	Full Name (Last, F	First, Middle Initial)				Date of Disburs		
A.						Date of Disburs	ement	
	Mailing Address					M M /		
	City		State Zip	Code				
	Purpose of Disburg	sement	<u> </u>					
	Candidate Name			i		Amount of Each	Disbursement this Perio	d muni
		L Manage L Bish was			Category/ Type	and and a distance of its annual in the same	terred Small continued Smalls	
	Office Sought:	House Disburser	nent For: Primary	General				
		President	Other (specify))				
	State:	District:						
_	Full Name (Last, F	First, Middle Initial)			ļ.	Data of Diskuss		
В.					•	Date of Disburs	ement	
	Mailing Address					M • M / D	, , , , , , , , , , , , , , , , , , , ,	
	City		State Zip	Code	~ ~			
	Purpose of Disburs	cement						
	Tulpose of Disbuit	SOMER				Amount of Each	Disbursement this Period	d
	Candidate Name			L	Category/	-		-
	5W 5 (-				Туре	bandandDan	handbard bardenshard barde	
	Office Sought:	House Disbursen	nent For: Primary	General				
		President	Other (specify)		,			
	State:	District:						
_	Full Name (Last, F	First, Middle Initial)						_
C.					1	Date of Disburs	ement	
-	Mailing Address		************			M M / D	7 7 7 7 7	
	City		State Zip	Code				—
Purpose of Disbursement Candidate Name Category/								
				Category/	Amount of Each	n Disbursement this Period	t Swe	
	04:	I I I I I I I I I I I I I I I I I I I			Туре	on charoboulthand	Samuel Land and Lord Samuel	_
	Office Sought:	House Disbursen	Primary	General)			
			Other (specify)					
	State:	District:						
s	UBTOTAL of Disbu	rsements This Page (optional)			>			2
Т	OTAL This Period	(last page this line number only)			>	and the second		

CHEDULE C (FEC F	orm 3X)		
LOANS			Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			Detailed Summary Page 1011 EINE 10 01 1011111 5X
American Assoc	c:ction	of Printe	Lendons PAC (APL-PA)
LOAN SOURCE Full Name	(Last, First, Mid	ddle Initial)	Election: Primary
			General
Mailing Address			Other (specify) ▼
City		State ZIP (Code
Original Amount of Loan		Cumulative Payment	To Date Balance Outstanding at Close of This Period
A A (1) A (1) A			
TERMS			Lange Control
Date incurred		Date Du / סיס /	e Interest Rate Secured:
			% (apr) Yes No
List All Endorsers or Guara	, ,,	to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address		·	Occupation
			<u> </u>
City	State	ZIP Code	Amount Guaranteed
2. Full Name (Last, First, Mic	idle Initial)		Outstanding: Name of Employer
			· · · · · · · · · · · · · · · · · · ·
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
ivaling / taarooo			Cooperior
City	State	ZIP Code	Amount Guaranteed
			Outstanding:
4. Full Name (Last, First, Mic	Idle Initial)		Name of Employer
Mailing Address	·		Occupation
,			Amount
City	State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This F	Page (optional).		
TOTALS This Period (last page	in this line only	w)	hattenda, ambound househ and househ by the mile soul; soul and with
ioiaco imo renou (iast page	in tine inte only	y ,	William Provide the Control of the C

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463						
NAME OF COMMITTEE (In Full)			IDENTIFICATION NUMBER			
American Association of Privatelenders PAC (APL-PAK) Clos. 4.7.3.98						
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)			
Full Name	he down mineral man man and					
	السطنساليسلسليساليساليسا		%			
Mailing Address		MM	/ DID / YIVYIY			
City State Zip Code	Date Incurred or Established Date Due		, <u> </u>			
		Lucukand				
A. Has loan been restructured? No Yes	If yes, date originally incurred	d Man	\ D_0_0_\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
B. If line of credit,	Total					
Amount of this Draw:	Outstanding Balance:					
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors m	ed? ust be reported on Schedule C.)		-			
D. Are any of the following pledged as collateral for the	loan: real estate, personal	What is the	value of this collateral?			
property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,					
No Yes If yes, specify:						
		Does the le	nder have a perfected security? No Yes			
E. Are any future contributions or future receipts of inter-	est income, pledged as	What is the	estimated value?			
collateral for the loan? No Yes If yes, s	specify:					
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:					
Date account established:	Address:					
M M / D D / Y V Y Y	City, State, Zip:		 			
Latinal lambard lambardandard						
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	is pledged for this loan, or if the was made and the basis on wh	amount pledo ich it assures	ged does not equal or exceed s repayment.			
G. COMMITTEE TREASURER	`	DATE				
Typed Name Kick Abell Asst	recsurer	PER PER PE	/ 60 FOT / FOTO OF THE TOTAL OF			
Signature 7	Signature DA O. 6 20 / Co.					
H. Attach a signed copy of the loan agreement.						
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.						
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.						
III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis	s which assuring this loan.	res repayment, and has			
AUTHORIZED REPRESENTATIVE		DATE				
Typed Name			/ 			
Signature	le					

SCHEDULE D (FEC Form 3X)	(Use separate	(Use separate PAGE / OF)			
DEBTS AND OBLIGATIONS	,	schedule(s) for each	FOR LINE NUMBER: (check only one) 9		
Excluding Loans	•	numbered line)	(check only one) 9		
NAME OF COMMITTEE (In Full)					
American Association of Pri	ivate Lenders Pi	AC (APL	-PAC)		
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Debt (Purpose):		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
	(2)		7)		
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of E	Debt (Purpose):		
D. I dil radio (addi, ,	Ji Giodici	1 This was a	ant (i diposo).		
Mailing Address					
City State	Zip Code				
Outstanding Balance Beginning This Period					
Substituting Table 1					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
Autoria montos (m. 1919)	t dymont time t once	<u> </u>	ig balance at Globe of Time . Since		
Landand make a distribution of the land make a distribution of					
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	Pebt (Purpose):		
Mailing Address					
City	State Zip Code				
Outstanding Balance Beginning This Period					
Outstanding security security and security					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
Affidure incured this i should	Fayment this renor	Outstandin	19 Balarice at Close of this renou		
Landan Sandard Sandard Sandard Landard	or all market market and I market have been been all the	مصلحا لسعد	mel) water dans () water about the colored		
		-			
1) SUBTOTALS This Period This Page (optional)		b	<i>"</i>		
2) TOTALS This Period (last page this line number of	only)		0		
3) TOTAL OUTSTANDING LOANS from Schedule C	; (last page only)	>	0		
4) ADD 2) and 3) and carry forward to appropriate li	ine of Summary Page (last page or		0		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

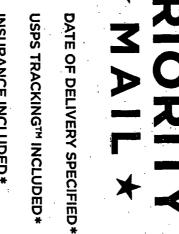
TEMIZED MUCFEMBENT EXPENDITURES	FOR LINE 24 O	F FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION I	NUMBER ▼
American Association of Privat	eleders PAC(APL-PAC) CO.0.54.7	398
	port Amends report filed on Amends report	* * * * *
Full Name of Payee	Date of Public Distribution/Diss	emination
Mailing Address	Amount	· •
City State	Zip Code	
Purpose of Expenditure	Category/ Type Date of Disbursement or Oblig	ation
Name of Federal Candidate	Support Office Sought: House Distriction Oppose President Senate Sta	rict:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Other (specify) ▶	General
Full Name of Payee	Date of Public Distribution/Diss	semination
Mailing Address	Amount	السعيميم
City State	Zip Code	
Purpose of Expenditure	Category/ Type Date of Disbursement or Oblig	ation
Name of Federal Candidate		rict:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		O
(b) SUBTOTAL of Unitemized Independent Expenditures		0
(c) TOTAL Independent Expenditures	•	0
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	s reported herein were not made in cooperation, consultation, d committee or agent of either, or (if the reporting entity is not	or concert a political
Signature MAN	Date 0 / 0 6 / 2.0.1.0	

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE								
(2	U.S.C. §441a(d)) (To	be used only	by Polit	ical Com	mittees in the Ger	neral Election)	FOR LINE 25	OF FORM 3X
NA	ME OF COMMITTEE (In Full)			,		/	4)	
÷	tmerican Association				ens PAC		4()	·
	Has your committee been designated to make Full Name of Subordinate Committee coordinated expenditures by a political party committee?							
٠	YES NO							
lf '	ff YES, name the designating committee: Mailing Address							
			04				7/0.6	· · · · · · · · · · · · · · · · · · ·
			City			Sta		~00e
	Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Exp	enditure	
								Catanani
-	Mailing Address							Category/ Type
						Date		
	City	State		Zip Code		Marki /	بعدا ١ وموو	A A A A A A A A A A A A A A A A A A A
	Name of Federal Candidate Supported	Office Sough	ıt: H	ouse	State:	Amount		
	·			enate	District:	Amount	,	
			Pi	residential	<u> </u>	- L.		
	Aggregate General Election Expenditure for this Candidate ▶							
	Full Name (Last, First, Middle Initial) of	Each Payee				Purpose of Exp	enditure	1
	, , , ,	•						
					4		Category/	
	Mailing Address					Date		Туре
	City	State		Zip Code			رورو دورو ۱ مورو	**************************************
	Name of Federal Candidate Supported	Office Sough	t. H	ouse	State:	<u> </u>	<u></u>	
1		Onice cough	1	enate	District:	Amount		Angertraligie programme
			Pr	esidential				
	Aggregate General Election						Property of the Parish of the	
	Expenditure for this Candidate	بادعين (كسمياسة عاب	ىز امىيىلىد		لسسن	1		
	Full Name (Last, First, Middle Initial) of	Each Payee	-			Purpose of Expe	enditure	
						1		
	Mailing Address				 			Category/ Type
i	That is a second of the second					Date		.,,,,,
	City	State		Zip Code		War V	A TAIL A PARTY	Landan
i	Name of Federal Candidate Supported	Office Sough	•. T 🔟	ouse	l Ctata:	<u> </u>		
		Onice Sough		enate	State:	Amount	entante de la companya del companya de la companya del companya de la companya de	A district consenses
		<u></u>	· Pr	esidential			7 7 7 7	
ı	Aggregate General Election	. Anne des red			 	termine of model 3s	sabarrahandi Sandas	rdend Dradence
ı	Expenditure for this Candidate	يلمون 2 إمار ميلم ميطور	and and the	riki mihimili				
	<u> </u>						-farehouse	
SI	JBTOTAL of Expenditures This Page (op	tional)			<u>-</u>		ب فينجز البيساليد	
T	OTAL This Period (last page this line num	nber only)						
- '	/ page and mile non					ينزا كمساهبينية	معالمسلالة شبالمجمولين	اسكفسنتسف



PICKUP AVAILABLE INSURANCE INCLUDED*





Click-N-Ship® **POSTAL SERVICE** 0

US POSTAGE

* Domestic only

Flat Rate Env

Commercial Base Pricing

01/06/16

Mailed from 64153

PRIORITY MAIL 2-DAY™

JULIANA SHIPP

AFFINITY GROUP MANAGEMENT 7509 NW TIFFANY SPRINGS PKWY STE

KANSAS CITY MO 64153-1387

Carrier - Leave if No Response

C000

Ref#: AGM

0006

SHIP TO:

FEDERAL ELECTION COMMISSION 999 E ST NW WASHINGTON DC 20463-0001

USPS TRACKING #



9405 5036 9930 0235 3177 67

Electronic Rate Approved #038555749

UNITED STATES LEC MAIL CEN. .RECEIVED

EP14F July 2013 NOTO WISH-USATUSPS.COM®

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	leceipt or Postmarked
	1/11/16
PREPARER (3/2015)	DATE PREPARED